State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

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			t. S.D. SEC. OF STATE
Name of Candidate or Committee AFSCME-PI	EOPLE (Public E	mployees Organized	to Promote Legislativ Equality)
Complete Mailing Address 1625 L Street,	NW, Washington	, DC 20036	
Name of Person Making ReportWilliam Luc	<u>.</u>	_Daytime Phone Numb	per202-429-1179
			olved with during the
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Type of Report (See pages 4 & 5 of Guideline E	Year Book)	-End	
For Reporting Period Ending (See pages 4 & 5	of Guideline Book) 1/1/2005 - 12/	31/2005
political party, ballot question and other committees: File with Elections Department, Secretary of State's Office. JAN 2 0 2006. \$1.00 E Capitol Ave., Pierre, SD 57501-5070 \$2.00 E Capitol Ave., Pierre, SD 57501-5070 \$3.0 SEC. OF STATE the of Candidate or Committee AFSCME-PEOPLE (Public Employees Organized to Promote Legislative Equality) Applete Mailing Address 1625 L Streef, NW, Washington, DC 20036 The of Person Making Report William Lucy Daytime Phone Number 202-429-1179 The outer a ballot question committee, indicate which measure(s) the committee was involved with during the ring period and whether the measure was supported or opposed. The of Report (See pages 4 & 5 of Guideline Book) Year-End Reporting Period Ending (See pages 4 & 5 of Guideline Book) If 1/1/2005 - 12/31/2005 Appleted Before submitting report. REFICATION OF PERSON MAKING REPORT William Lucy (print name legibly), certify that I have examined report and to the best of my knowledge and belief it is true, correct and complete. January 19, 2006			
Complete Mailing Address 1625 L Street, NW, Washington, DC 20036 Name of Person Making Report William Lucy Daytime Phone Number 202-429-1179 If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I William Lucy (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: January 19, 2006			
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T			hat I have examined
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee AFSCME-PEOPLE (Public Employees Organized to Promote Legisl. Equality Complete Mailing Address 1625 L Street, NW, Washington, DC 20036 Name of Person Making Report William Lucy Daytime Phone Number 202-429-1179 If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Year-End For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 1/1/2005 - 12/31/2005 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT William Lucy			
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Date	ndidate Signature	The same of the sa	··
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Revised July 2001		-	
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Name of Candidate or Committee	AFSCME-PEOPLE	
For the reporting period ending	12/31/2005	

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

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Itemized Contributions from Individual Name	Residence Address	Place of Employment (Name of Employer)		
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Total of Itemized Contributions from			\$ *\$	0.00

AF	SCME-PEOPLE	Appendix B
Name of Candidate or Committee		
For the reporting period ending 12	2/31/2005	
Schedule A -	- Direct Contributions (continued)	
5010441011	Direct Contributions (continued)	
nitemized Contributions from Political Parties	·	*\$
emized Contributions from Political Parties		
Party Name	Address	
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Total of Itemized Contributions from Political Action Committees:

Total of All Direct Contributions (Sum of all lines with an *)

\$ 0.00

Schedule B - Fund-Raising Events Proceeds List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If contribution gives more than \$100 in the calendar year, those contributions must be itemized on Schedule A. Type or Name of Event Net Proceeds	Name of Candidate or Committee:	SOCIE-1 BOLLIS	· · · · · · · · · · · · · · · · · · ·
Cotal: Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name contribution, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount Amount	For the reporting period ending: 12	2/31/2005	T
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name contributor, residence address and place of employment must be reported. Name, Residence Address & Place of Employment Place of Employment Estimated Value Fotal: Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount	List on this schedule fund-raising events held to raise	money for the candidate and the net proceeds d	lerived from each event. If a 0 in the calendar year, those
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Source of Income Amount			
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AFSCME-PEOPLE

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Name of Candidate or Committee:	

For the reporting period ending: 12/31/2005

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Exp	enses	Contributions Made to Candidates and Com	mittees
tem	Amount	Name of Candidate or Committee	Amount
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Consulting			
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Salaries			ļ-
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AFSCME-PEOPLE

12/31/2005

Name of Candidate or Committee:_

For the reporting period ending:_

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•]	Name of Candidate or Committee:_	AFSCME-PEOPLE	Appendi
	For the reporting period ending:	12/31/2005	
	This summary sheet will give a brief outline or rom the schedules previously completed.	Summary Page fall campaign finance activity during this reporting period.	Please transfer all totals
	Amount on hand, if any, at the beg	inning of the reporting period:	\$
,	2. Receipts		
	Schedule A - Direct Contributions	\$	
	Schedule B - Fund-Raising Events	* \$	
	Schedule C - In Kind Contribution	s \$	
	Schedule D - Other Income	\$ <u>0.00</u>	e e e e e e e e e e e e e e e e e e e
	Total of all Receipts	\$ 0.00	
,	3. Total Monetary Receipts (A+B+D)	\$
4	1. Candidate's Personal Contribution	to Own Campaign	\$
	5. Monetary Loans to Candidate or C	ommittee During Reporting Period	\$
(6. Monetary Loans Repaid During Re	eporting Period	\$
,	7 Expenditures - Schedule F		s 0.00

0.00

8. Unpaid Obligations - Schedule F

9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) – (6+7)

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